

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	70811	8/25
O.I.P.E. CLASSIFIER		10	8-24-00
FORMALITY REVIEW	A.S	373	9-29-00
RESPONSE FORMALITY REVIEW	A	676	03/29/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/14/01
2	✓	✓	5/14/01
3	✓	✓	5/14/01
4	✓	✓	5/14/01
5	✓	✓	5/14/01
6	✓	✓	5/14/01
7	✓	✓	5/14/01
8	✓	✓	5/14/01
9	✓	✓	5/14/01
10	✓	✓	5/14/01
11	✓	✓	5/14/01
12	✓	✓	5/14/01
13	✓	✓	5/14/01
14	✓	✓	5/14/01
15	✓	✓	5/14/01
16	✓	✓	5/14/01
17	✓	✓	5/14/01
18	N		
19	N		
20	N		
21	✓	✓	5/14/01
22	✓	✓	5/14/01
23	✓	✓	5/14/01
24	✓	✓	5/14/01
25	✓	✓	5/14/01
26	✓	✓	5/14/01
27	✓	✓	5/14/01
28	✓	✓	5/14/01
29	✓	✓	5/14/01
30	✓	✓	5/14/01
31	✓	✓	5/14/01
32	✓	✓	5/14/01
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42	✓	✓	5/14/01
43	✓	✓	5/14/01
44	✓	✓	5/14/01
45	✓	✓	5/14/01
46	✓	✓	5/14/01
47	✓	✓	5/14/01
48	✓	✓	5/14/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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